

Teachers' Retirement System

Division of Retirement and Benefits P.O. Box 110203

Juneau, Alaska 99811-0203

Phone: Juneau—(907) 465-4460, Anchorage—(907) 269-0333

FAX: (907) 465-3086 or TDD: (907) 465-2805

Application for Alaska Bureau of Indian Affairs Service

(To be completed by member)

I wish to apply for Alaska Bureau of Indian Affairs (BIA) service credit in the Teachers' Retirement System (TRS) and hereby authorize the Division of Retirement and Benefits to establish an arrearage indebtedness for that service.											
	I wish to apply for	years of BIA service.									
	I certify that I do not have a vested federal retirement benefit at this time. I understand if I should become vested at some future date, I am required to notify the Division of Retirement and Benefits. I understand this applies to members first hired in the TRS after June 30, 1978.										
	I certify that I have a vested federal retirement benefit. I understand that monthly TRS benefits paid to members first hired under the TRS after June 30, 1978, will be reduced if benefits are received from the federal government for the same service. The reduction will equal the federal benefit that is being paid for that service.										
In order to have your service verified, please return this claim form to:											
Bureau of Indian Affairs, ATTN: Personnel, 360 C Street, Suite 1100, Anchorage, AK 99503-5947											
Member's Signature			Date	Social Security Number							
VERIFICATION OF ALASKA BUREAU OF INDIAN AFFAIRS EMPLOYMENT (To be completed by BIA)											
To be eligible for additional TRS credit for employment with a BIA school in Alaska the service:											
➤ must have been with an Alaska BIA school;											
>	if employment was on or after July 1, 1978, the position must have required a teaching certificate as a condition of employment; or										
>	been a professional educator;										
>	 must have been a full-time tea 	cher.									
List c	hronologically each school year o	of teaching service	rendered by the applicant.								

Beginning	Ending	Name of School	Length of Term	Actual Days Served	Hours Per Day				ype ach		Academic Standing	
						Yes	No	FT	PT	SUB	Yes	No
Signature of Authorized Person						ate						

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